

APPLICATION FOR OCCUPATIONAL LICENSE

ALL APPLICATION FEES ARE NON-REFUNDABLE
Application Fee: \$151.00

- APPLICANT—Check one box only.**
- ☐ **Driving School Owner (Before submitting application, please read “Driving School Handbook”)**
 - ☐ **All-Terrain Vehicle Safety Training Organization**

FOR DEPT. USE ONLY	
OL NUMBER	
ACR NO.	
DATE PERMIT ISSUED	DATE PERMIT EXPIRES
TOTAL FEE	RECEIPT NO.
INSPECTOR	

FULL NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, LIMITED LIABILITY COMPANY OR ASSOCIATION			
SCHOOL/TRAINING ORGANIZATION NAME			TELEPHONE ()
STREET	CITY	STATE	ZIP CODE

Office Hours:

OWNERSHIP: List name and title of individual; each partner (designate whether general or limited); each principal Officer and/or Director, or Stockholder; each member participating in the direction, control and management of the policy of the business/association.

FULL NAME (LAST)	(FIRST)	(MIDDLE)	TITLE

OPERATOR (person actually in charge of management and operation of the school) **(For Driving Schools only)**

FULL NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE ()
STREET	CITY	STATE	ZIP CODE

Will classroom instruction be given at this location? ☐ Yes ☐ No

Indicate below other locations where classroom instruction **only** will be given.

STREET	CITY

If Property is LEASED or RENTED, complete the following:

PROPERTY OWNER'S FULL NAME	OWNER'S ADDRESS	CITY	TELEPHONE NO.
			()
			()



INSTRUCTIONS: (Check the box below, depending on whether ownership is individual, partnership, corporation, limited liability company, public adult school or community college/public agency or association.

- ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company
☐ Public Adult School or Community College/Public Agency ☐ Association

Name, address, and telephone number of financial institution where all accounts used for business are held.

NAME OF FINANCIAL INSTITUTION 1.	ACCOUNT NUMBER	TELEPHONE NUMBER ()
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ADDRESS

IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNTS

NAME OF FINANCIAL INSTITUTION 2.	ACCOUNT NUMBER	TELEPHONE NUMBER ()
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ADDRESS

IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNTS

NAME OF FINANCIAL INSTITUTION 3.	ACCOUNT NUMBER	TELEPHONE NUMBER ()
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ADDRESS

IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNTS

I/We agree to notify the department in writing immediately of any changes in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.

- ☐ I am the sole owner of _____ (Print name of business) and that no other person is associated in the ownership of the business.
- ☐ We are co-partners in _____ (Print name of business) and that no other person is associated in the ownership of the business.
- ☐ _____ (Print name of business) is incorporated in the State of _____ and is authorized by the California Secretary of State to transact business in California.
- ☐ _____ (Print name of business) is a Limited Liability Company in the State of _____ and our Limited Liability Company number is _____ and is authorized by the California Secretary of State to transact business in California.
- ☐ I am the administrator in charge of the Driving school for _____ (Print name of public school/community college/public agency).
- ☐ _____ (Print name) is an Association.

I/We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AUTHORIZED SIGNATURE X	TITLE	DATE
AUTHORIZED SIGNATURE X	TITLE	DATE
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AUTHORIZED SIGNATURE X	TITLE	DATE

IMPORTANT NOTICE:

Each person listed under “ownership” on this application must submit a Personal History Questionnaire (OL 29) and a LiveScan Fingerprint clearance receipt (or fingerprint card) along with this application.

Any owner or officer who will give behind-the-wheel or classroom instruction, must file a separate Instructor Application (OL 16). The person actually managing the driving school must file a separate Operator’s Application (OL 217).

CERTIFICATION BY APPLICANT

I understand that any misrepresentations in this application shall be sufficient cause for its rejection and that any violation of Vehicle Code driving school laws, or the regulations adopted to carry out those laws, is grounds for the revocation or suspension of any driving school licenses issued as a result of approval of this application.

I am aware of the provisions of Section 11102 of the Vehicle Code relating to the responsibilities and requirements of a Driving School Owner or the principal in an All-Terrain Vehicle Safety Training Organization.

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for workers’ compensation.

I agree to notify the Department in writing immediately of any change in location of this business or any addition or deletion of branch classroom locations and to include a complete description of the new location and name of the operator of this business. (Operator applies to Driving Schools only.)

I agree to notify the Department in writing immediately of any change in the ownership or in the legal structure of this business and on request from the Department to submit new application papers properly reflecting the changes together with the required fees.

I understand that the fee paid for this application is not refundable, whether or not a license is issued.

I understand that acceptance of this application and the granting of a license entitles the Department to enter any and all premises used by the school and to inspect any and all records maintained by the school, including bank records.

I further certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME	TITLE	
AUTHORIZED SIGNATURE X	DATE	

(NOTE: To be signed by sole owner, partner, officer of corporation, member LLC, or administrator only.)

WITNESSED BY DMV EMPLOYEE _____